

## **HIV/AIDS program in India**

Gender norms and relations play an integral part in determining people's vulnerability to HIV/AIDS, their ability to access care, support or treatment and their capacity to cope when infected or affected. Limited access to resources and economic insecurity, poor mobility, lack of autonomy, lack of education, poor access to information, low self-confidence and the culture of silence that they live in make women more vulnerable to the infection. Gender relations also increase men's vulnerability and perpetuate stereotypes that encourage them to prove their manhood by taking risks, having multiple partners and create barriers for practicing safer behavior.

In India, prevalence data on HIV/AIDS has shown that the infection has moved from high-risk groups to women, young people and rural areas. Feminization of HIV/AIDS in India is a reality. The epidemic continues to shift towards women with an estimated 39% of the infected being women, increasing the probability of pediatric HIV. Globally, young women make up for more than 60% of 15-24-years-olds living with HIV/AIDS. These rates are alarming and when combined with their workload, the everyday stigmas and discrimination women live with, their situation becomes particularly traumatic. Yet women are not mere victims, their strength, their resilience in the face of adversity is something that must be recognized and harnessed.

The RFA spells out the USG and USAID's response to HIV/AIDS in India. The RFA is being used to structure new awards in developing a comprehensive program in a new state, leveraging public-private partnerships and providing technical assistance. USAID has identified some approaches that will form the guiding principles for program design and implementation. "Gender considerations" is one of the eight principles that the RFA advocates. The proposals will clearly reflect strategies and actions that build on and address differential conditions of women and men. This note briefly discusses here some of the critical issues and actions to address the "triple threat" of gender inequality, poverty and HIV/AIDS.

Approaches to HIV/AIDS prevention will be effective only if they include interventions that recognize specific problems of and solutions for women and men. For women to be able to negotiate sexual relationships with confidence, building their self-esteem, assertiveness and interpersonal communication skills are important. They also need the knowledge and the self-belief to use that knowledge. Men too are vulnerable and some groups such as truck drivers and their assistants. MSMs with different layers of gendered identities is another group heavily discriminated by the community and deserves special attention.

Socio-cultural norms affect women and men's access to services. Families would rather invest in a man's treatment who is also the legal holder of the family property. Women have limited financial resources and social mobility to access treatment. And most important they fear the stigma they face within the community and their own families.

Women's role as caregivers gets further intensified when their families are affected by HIV/AIDS. Women's work is largely invisible, the care economy is seldom acknowledged and the debilitating effect of HIV/AIDS on women's workload is even less recognized. The burden is especially onerous for poor families on daily wages. It also takes its tolls on education of girls that are often pulled out to support the family. The role of men as caregivers needs to be actively promoted.

Violence against women is both a cause and a consequence of HIV/AIDS. Women who are beaten or dominated by their partners are much more likely to become infected by HIV than

women who live in non-violent households. Many women are in danger of being mistreated/beaten and thrown out of their houses if their HIV + status is known to the families. Women are physiologically more susceptible to the infection, more so the young girls whose reproductive tracts are not fully developed. Adolescent girls are also prime targets for traffickers. The risk of violence and sexual abuse is high among orphan and vulnerable children, especially girls. It is essential to involve men to effectively resolve and address violence against women. Several initiatives of engaging men as partners have shown encouraging results. It is equally important to provide information, legal support and advocacy for legal rights of women especially those related to property, inheritance, marriage and workforce.

Poverty pushes women and men into unsafe behavior putting them at enhanced risk to HIV/AIDS. The disease pushes the families further into poverty. Women headed households in particular are more vulnerable. Enhancing poor women's access to credit and economic opportunities is a critical factor in preventing and coping with the disease.

The program design should include networking/collaborating with initiatives that work on education, economic empowerment and legal rights of women. As appropriate the interventions to promote female-controlled prevention methods will be encouraged.

**Building on ongoing initiatives** - While there is a significant knowledge available about the gender-related determinants, barriers and impacts of HIV/AIDS, not enough is understood about how to translate this knowledge into an effective program response. In an initiative with ICRW/India, USAID is exploring practical approaches to integrate gender in HIV/AIDS programs. A gender assessment of the USAID projects confirmed that social norms around masculinity and femininity and values such as sexual aggressiveness among men and passivity among women prevent open couple communication on sexual matters, making it difficult for both men and women to negotiate condom-use with intimate partners. Once infected, women face multilayered stigma and discrimination and have little or no economic or legal support. The assessment revealed the vulnerability of adolescents, especially boys, who have no one to guide them in matters of sexual health; women migrant construction workers who often get forced into sex-work and of transgender and MSM populations. The Assessment has led to two pilot interventions with APAC and AVERT and need-based capacity building of key partners. The two pilots focus on programs for care and support and adolescents.

USAID/India is also working towards developing a better understanding of links between HIV/AIDS and trafficking and improving conceptual and programmatic synergies between the two areas. The lessons learned and best practices documented as part of two ongoing initiatives will be valuable resource for integrating gender in the overall program framework of the new HIV/AIDS initiative.